ID#				
(Can	be found	in the	top r	ight
hand	d corner o	f your	licen	<u>se</u> .)

REQUEST TO **DOWNGRADE** LICENSE

Arkansas Contractors Licensing Board 4100 Richards Road North Little Rock, AR 72120 Fax: 501-372-2247

I.	. of			
(Name of owner, officer, member,	or partner)	(Company Name as it appears on the license)		
hereby formally request to downgrade my license from a license to: (Commercial, Residential or UNLIMITED Home Improvement)				
Only check one:				
Residential Builder (ON	LY if you had Build	ding, Light Building or Residential Builder)		
Unlimited - Home Improvement (w/ current specialties) Limited - Home Improvement (w/ current specialties)				
<u> </u>				
cannot do work outside the class	ifications listed on r	Residential / Home Improvement projects only and I my license. In addition, my license does not authorize me or more (including material and labor).		
By:		Date:		
Signature of Owner, Office	er, Member, Partner			
Phone:				
Fax:				
Email:				
Please contact Michelle Spoo This form may be faxed to 5		6 with any questions regarding this form.		
OFFICE USE ONLY:				
Processed by:		Revised 2/2013 (mc)		